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CONFIRMATION NO. 4925

SERIAL NUMBER 10/677,757	FILING DATE 10/01/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. VINTL.130A					
<p>APPLICANTS</p> <p>Steven F. Bierman, Del Mar, CA;</p> <p style="text-align: right;"><i>SBM</i></p> <p>** CONTINUING DATA *****</p> <p>This appln claims benefit of 60/415,728 10/01/2002</p> <p>** FOREIGN APPLICATIONS ***** <i>SBM</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</p> <p>** 01/07/2004</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no </td> <td style="width:15%;"> STATE OR COUNTRY CA </td> <td style="width:15%;"> SHEETS DRAWING 5 </td> <td style="width:15%;"> TOTAL CLAIMS 17 </td> <td style="width:15%;"> INDEPENDENT CLAIMS 3 </td> </tr> </table> <p>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</p> <p>Verified and Acknowledged Examiner's Signature _____ Initials _____</p>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3					
<p>ADDRESS</p> <p>20995 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE , CA 92614</p>									
<p>TITLE</p> <p>Device for securing arrow mac catheter</p>									
FILING FEE RECEIVED 450	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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